



CENTRON SECURITY SERVICES

Daily Security Report

Client No. 2036		Client Name OHM		Location 1002 OSWEGO ST. UTICA, NY		Date 11/25/86	
Facility Equipment <input checked="" type="checkbox"/>	Deface Clock <input checked="" type="checkbox"/>	Weapon No. <input checked="" type="checkbox"/>	Holster <input checked="" type="checkbox"/>	Nightstick <input checked="" type="checkbox"/>	Raiscoat <input checked="" type="checkbox"/>	Flashlight <input checked="" type="checkbox"/>	Other <input type="checkbox"/>
Officers: Fully explain all items marked "Yes" with time and all detail. For additional space use reverse side and attach incident reports.		Officer—Day Shift (Name) CHOFF		Officer—Swing Shift (Name) KOKOSZKI		Officer—Grave Shift (Name) COATES	
Shift		Shift		Shift		Shift	
Began 8 00 AM/PM		Ended 4 00 AM/PM		Began 4 00 AM/PM		Ended 12 00 MID	
Observations or actions taken		Observations or actions taken		Observations or actions taken		Observations or actions taken	
Yes	No	Yes	No	Yes	No	Yes	No
	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
Rounds or stations missed		SEE REMARKS				SEE REMARKS	
Unlocked doors, gates or windows		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Unlocked vaults or safes		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Fire-smoke or hazards		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
1. Extinguishers missing or defective		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
2. Sprinkler system defective		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
3. Fire doors or exits blocked		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
4. Rubbish accumulation		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
5. Motors running		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
6. Lights left burning		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Injury hazards		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Visitors		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Trespassing		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Violation of company rules		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Remarks							
VISUAL CHECK - PERIMETER OF BLDG. (EC) (2) EPA EMPLOYEE'S CAME INSIDE + LOOKED AROUND AT 2:20 P.M. LEFT AT 2:55 P.M. VISUAL CHECK OF PERIMETER OF BLDG. MADE EVERY HR. (PC)							
VISUAL CK MADE OF PERIMETER OF BLDG. EVERY HR. (RK)							
IMPORTANT: If you were ill or injured please explain on the reverse side of this form and call your supervisor before leaving this post.							
1. Were you injured during this tour?		Day Shift 1. Yes No		Swing Shift 1. Yes No		Grave Shift 1. Yes No	
2. Did you suffer any illness?		Day Shift 2. Yes No		Swing Shift 2. Yes No		Grave Shift 2. Yes No	
3. Have you reported all accidents coming to your attention?		Day Shift 3. Yes No		Swing Shift 3. Yes No		Grave Shift 3. Yes No	
Signatures		Day Shift 1. CHOFF		Swing Shift 1. KOKOSZKI		Grave Shift 1. COATES	
Signatures		Day Shift 2.		Swing Shift 2.		Grave Shift 2.	
Signatures		Day Shift 3.		Swing Shift 3.		Grave Shift 3.	

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